

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-679)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.	NO.	DEP.	NO.	DEP.
1	1						61						
2							62						
3							63						
4							64						
5							65						
6							66						
6							67						
7							68						
8							69						
9							70						
10							71						
11							72						
12							73						
13							74						
14							75						
15							76						
16	1						77						
17							78						
18							79						
19							80						
20							81						
21							82						
22							83						
23							84						
24	1						85						
25							86						
26							87						
27							88						
28							89						
29							90						
30							91						
31							92						
32							93						
33							94						
34							95						
35							96						
36							97						
37	1						98						
38							99						
39							100						
40													
41													
42													
43													
44													
45													
46	1												
47													
48													
49													
50													
TOTAL NO.	5						TOTAL NO.						
TOTAL DEP.	41						TOTAL DEP.						
TOTAL	46						TOTAL						